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Relationship Between Age Level And Menstrual Status With Knowledge About Treatment Of Female Genetalia Organs

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ABSTRACT

Menstruation is periodic vaginal bleeding due to the detachment of the endometrial lining of the uterus. The normal age for a woman to menstruate for the first time is at the age of 12 or 13 years. The aim of this study was to determine the relationship between age level and menstrual status with knowledge about the care of female genetal organs in Je'ne Madinging village, Gowa district.The method used is quantitative research with analytical survey design with a cross sectional approach using a questionnaire. the number of samples is 54 respondents. The study used the chi square test with a significance of 95% ($p<0.05$). The results obtained are as follows: There is a relationship between the level of age and knowledge about the care of female genetal organs P value =0.000 with a significance level of $\alpha = 0.05$. Meanwhile, there was no correlation between menstrual status and knowledge about the care of female genetal organs. P value = 0.173 with a significance level of $\alpha = 0.05$. Based on the results of the study, the researchers assumed that age was a factor related to the level of knowledge. Meanwhile, menstrual status is one of the factors that is not related to the level of knowledge. Suggestions: 1) For nursing services it can be input and reading material to increase knowledge
2) For the development of nursing science to increase knowledge and experience in reproductive health nursing research 3) For nursing research the results of this research are expected to be a source of reading material and comparisons for next researcher.

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1. INTRODUCTION

Adolescence is a very important period of human development. At this time many life events and changes that will occur in a teenager who will determine the quality of his life in adulthood. Adolescence is a period of transition from children to adults ranging from 12-21 years of age marked by changes in physical, psychological and psychological aspects. The first initial change to appear at this time was biological development (Dewi, 2013 in Lisna, 2017). The age limit for adolescents according to the World Health Organization (WHO) is 10 -19 years. According to the regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2015, adolescents are residents in the age range of 10-18 years and according to the Population and Family Planning Agency (BKKBN) are 10-24 years old and unmarried. According to the World Health Organization (WHO), it is estimated that there are 1.2 billion adolescents or 18% of the world's population in the world. In Indonesia according to the 2010 Population Census there were 43.5 million or around 18% of the total population. Meanwhile, according to the Central Bureau of Statistics, the age group of 10-19 years is 22%, consisting of 50.9% male youth and 49.1% are teenage girls (Soetjiningsih, 2015).

Adolescence is the age between childhood and adulthood which is biologically between the ages of 10-19 years. The most important event that occurs in teenage girls is the first menstrual period, usually experienced at the age of 10-16 years. When this first menstruation comes it is called menarche

(Derek, 2016). One of the most pressured for women who have experienced menstruation is personal hygiene during menstruation. Menstrual hygiene is a component of personal hygiene which plays an important role in determining health status, especially avoiding infection of the reproductive organs. To maintain cleanliness and health, it is ideal to use pads during menstruation 2 to 3 times to change per day or once every 4 hours. The vagina is dried first after bathing using a tissue or towel so it is not damp and using underwear that easily absorbs sweat (Putri, 2017). HygieneMenstruation is most likely influenced by the level of knowledge about reproductive health. Most people in Indonesia believe in myths during menstruation. The lack of knowledge and insight from society makes them have a far-fetched mindset, which then develops into a myth. Provision of information or health education about reproductive health for young women needs to be given to increase their knowledge and awareness of the importance of maintaining and caring for personal hygiene, especially the reproductive organs including the risks if they are not maintained (RI DK, 2015). Disturbances in women during menstruation are very widespread, one of which is irritation or itching in the area around the vulva and vaginal opening. Community-based surveys show that 1 in 5 women who come to the doctor with symptoms on the vulva experience pruritus vulvae. Pruritus vulvae is the main symptom. for 1:10 women in their life. Often this itching sensation triggers young women to scratch it, which can cause pain and a more uncomfortable condition. Vaginal skin that is scratched by nails or other objects, even though the surface does not appear damaged, this can cause secondary infections. Infections that can occur such as acute candida, bacterial vaginosis and trichomoniasis, if this happens it will make things worse (Wolf, 2015). Cleanliness of the genital organs is very important to maintain, in fact it is better to realize early on the importance of maintaining the cleanliness of the external genital organs. Problems that can arise due to poor hygiene of the genital organs, namely the emergence of several venereal diseases such as cervical cancer, leucorrhoea, genital skin irritation, allergies, inflammation or urinary tract infections. This is related to the shorter urinary tract in women, so that its position is closer to the outside world and can be easily exposed to germs and germs. Certain germs and in certain amounts can cause inflammation which causes pain. Therefore, it is very important to maintain vaginal hygiene prevent these germs from entering the genitals and urinary tract of women (Takasihaeng, 2015; Nadesul, 2018).Cervical cancer cases are increasing every year in Indonesia. One of the factors causing cervical cancer is the lack of personal hygiene in the genital organs. This was proven from the results of research conducted at Dr. Kariadi General Hospital which stated that as many as 87.10% had poor personal hygiene and the incidence of stage III cervical cancer was as much as 58.1%. The study concluded that there was a significant relationship between cervical cancer and poor genetic personal hygiene (Pitriyani, 2017).There are several factors that can influence women's behavior in maintaining the cleanliness of the external genital organs. A study on the behavior of adolescents during menstruation shows that factors that have an influence on hygiene behavior during menstruation are parental education, knowledge, attitudes, availability of cleaning facilities and peer support (Suryati, 2015).Provision of information regarding reproductive health needs to be considered for women. In the 1994 ICPD (International Conference on Population and Development) in Cairo, reproductive rights were agreed upon for all individuals, both men and women. In these reproductive rights, it is stated that adolescents (male/female) have the right to obtain correct and correct information regarding adolescent reproduction, so that they can behave healthily and lead a responsible social life (Pinem, 2016).

In the previous study, Bonita Sari (2013) entitled "The level of knowledge of young women about the internal and external genitalia in class X". The purpose of this study was to determine the level of knowledge of young women about the internal and external genitalia. The research design used is descriptive quantitative, sampling using simple random sampling technique with a total sample of 44 respondents. The research instrument used a questionnaire. This study used a single variable, namely the knowledge of young women about the internal and external genitalia. Researchers are interested in conducting research in Je'ne Madinging Village because when conducting a preliminary study in Je'ne Madinging Village, Gowa Regency, researchers conducted interviews with village heads, community leaders and the community in Je'ne Madinging Village. Whereas in the village there are several children of early adolescence (10-12 years) who lack knowledge about the care of the genital organs. Based on the results of the interviews and initial data collection conducted on January 25 2020, the initial data

obtained by the researchers was that the number of children in their early teens (10-12 years) was 116 people who had experienced menstruation, out of 116 people were interviewed 15 people said that they did not really know about how to care for their genital organs, so researchers were interested in conducting research on the relationship between age level and menstrual status with knowledge about caring for female genital organs.

2. METHOD

In this study, a quantitative research method was used with an analytic survey design with a cross-sectional approach using a questionnaire where data relating to independent or risk variables and dependent variables or effect variables would be collected at the same time. Research Time The research was conducted on September 18 – October 18 2022. The population is the entire object of research or the object under study (Notoatmodjo, 2015). The population is all children of early adolescence (10-12 years) who have experienced it Menstruation in Je'ne Madinging Village A total of 116 people.AND The sample is partly taken from some of the objects studied and considered to represent the entire population. The research variables were structured with the intention that this research could be carried out as effectively as possible in data measurement and data processing. The variables measured in this study were Age Level and Menstrual Status with the measurement technique used was a questionnaire and measuring instruments in the form of questionnaires were given to respondents. Therefore the researcher uses the Guttman scale to make the researcher more convincing to the respondent to give a firm answer. The Guttman scale is also called the scalogram scale which is very good for convincing research results.

3. RESULTS AND DISCUSSION

A**.** Overview of Research Sites

(13.0%) respondents with menstrual status had poor knowledge and 16 (29.6%) respondents had good knowledge of menstrual status. a. Research sites Je'ne Madinging village is one of the villages in the Pattallassang district, which consists of four hamlets namely, Embung hamlet, Macinna hamlet, Bad'do-Bad'do hamlet, and Bangkala hamlet.

B. Research Area Boundaries

The boundaries of the Je'ne Madinging village area are:

a. To the north it is bordered by Kab. Maros
b. To the west it is bordered by Paccelekang Village Administratively, Je'ne Madinging Village is included in The area of Pattallassang District, Gowa Regency, consists of 8 RWs and 25 RTs with an area of ±12.70 KM².
c. Vision and Mission of Je'nemadinging Village, Pattallassang District Gowa Regency

a) Vision

"The Realization of Je'ne Madinging Village, a Village that is Clean, Safe, Faithful and Prosperous as well as Environmentally Friendly".

b) Mission

To realize the vision above, a mission is needed as a support in achieving the vision, while the mission is to:

a. Improving village government administrative services
b. Increasing the role of women in all fields
c. Improving transportation facilities and infrastructure
d. Increasing the value of law in people's lives.

2. Research Flow

a. Research preparation

In making this thesis, after the researcher has gone through several stages starting from the preparation of the proposal, the ACC examination of the proposal to the completion of the exam, the researcher gets a research permit from the agency which must go through several stages of correspondence as a submission to obtain permission to carry out an

research, starting from the office of National Unity in Gowa Regency, Dean of the Faculty of Health, Patria Artha University, to the village where the research was conducted, namely Je'ne Madinging Village, Gowa Regency.

b. Research Implementation

This research was conducted in Je'ne Madinging Village, Gowa Regency, South Sulawesi Province. This research was carried out in each respondent's house starting from 18 September 2022–18 October 2022 with a total sample of 54 respondents. This sample was taken using simple random sampling with all respondents who The subjects studied were respondents who had experienced menstruation aged 10-12 years. The data collection process was carried out using a questionnaire sheet. The data that has been collected is then analyzed analytically and then processed using SPSS version 21, the results of which can be seen as follows:

3. Univariate analysis

a. Knowledge

Table 1 Frequency Distribution of Knowledge About Organ Care Genetalia of Women in Gowa Regency

Knowledge	Frequency	(%)
Not enough	11	20.4%
Well	43	79.6%
Amount	54	100 %

Based on table 1 above, it can be seen that of the 54 respondents studied, it was found that the majority had good knowledge, namely 43 respondents (79.6%).

b. Age

Table 2 Age Frequency Distribution Gowa Regency

Age	Frequency	(%)
10	10	18.5%
>10	44	81.5%
Amount	54	100 %

Based on table 2 above, it can be seen that of the 54 respondents studied, it was found that the majority were >10 years old, namely 44 respondents (81.5%).

c. Menstrual Status

Table 3 Frequency Distribution of Menstrual Status Gowa Regency

Menstrual Status	Frequency	(%)
Not good	31	57.4%

Well	23	42.6%
Amount	54	100 %

Based on table 4.3 above, it can be seen that of the 54 respondents studied, it was found that the majority had bad menstrual status, namely 31 respondents (57.4 %).

4. Bivariate analysis

1. Relationship between Age and Knowledge of Treatment Female Genetalia Organs

Table 4 Relationship between Age and Knowledge of Organ Care Genetalia of Women

Age		F	%	F	%	F	%	p-values
Knowledge	10	10	18,5%	0	0%	10	18,5 %	0,000
Not good	>10	1	1,9%	43	79,6%	44	81,5%	

From the age distribution table with knowledge of caring for the female genital organs, it shows that out of 54 respondents there were 10 years old with less knowledge as many as 10 (18.5%) respondents and knowledge either absent or 0 (0.0%) respondents. At age >10 years there was 1 (1.9%) respondent with less knowledge, and 43 (79.6%) respondents with good knowledge.

The statistical test results show significant results with a P value = 0.000 with a significance level of α = 0.05. These results indicate that HA is accepted, which means there is a relationship

a significant relationship between age and knowledge about the care of female genital organs.

2. Relationship between menstrual status and knowledge about Treatment of Female Genetalia Organs

Table 5. The Relationship between Menstrual Status and Knowledge About Treatment of Female Genetalia Organs

Age		F	%	F	%	F	%	p-values
Knowledge	No Good	4	7.4 %	27	50.0 %	31	57.4 %	0,173
Not good	Good	7	13.0 %	16	29.6 %	23	42.6 %	

From the distribution table of menstrual status with knowledge about caring for the female genital organs, it shows that out of 54 respondents there were 4 (7.4%) respondents with poor knowledge of menstrual status and 27 (50.0%) respondents with good knowledge of menstrual status. Whereas 7 (13.0%) respondents with menstrual status had poor knowledge and 16 (29.6%) respondents had good knowledge of menstrual status. From the results of statistical tests showed significant results with P value = 0.173 withsignificance level α = 0.05. These results indicate that H0 is rejected, which means there is no significant relationship between menstrual status and knowledge about the care of female genital organs.

5. Multivariate Analysis

1. Relationship between Age, Menstrual Status and Knowledge About Treatment of Female Genetalia Organs

It can be seen that the two variables have different p-values. After multivariate analysis of the two variables, the most related variable is the age variable, where the p-value = 0.000 is obtained, while the menstrual status variable is obtained p-value = 0.114. So it can be concluded that the age variable is more related than the menstrual status variable

Discussion

1. Relationship between Age and Knowledge of Genetalia Organ Care Woman

Menstruation begins between the ages of 12 and 13, although some are faster around the age of 9 and as late as 16. One of the risk factors for primary dysmenorrhea is first menstruation at a very early age (earlier age at menarche). The risk factors for primary dysmenorrhea have been noted, including age at first menstruation <12 years (Sulistyowati, 2015).

Based on the research above, it can be seen that age is one of the factors related to knowledge about the care of female genital organs. This can be seen from table 4.4 above, showing that out of 54 respondents there were 10 years old with less knowledge as many as 10 (18.5%) respondents and 0 (0.0%) respondents with good knowledge. At the age of >10 years, there were 1 (1.9%) respondent with less knowledge, and 43 (79.6%) respondents with good knowledge.

The statistical test results show significant results with a P value = 0.000 with a significance level of α = 0.05. These results indicate that HA is accepted, which means there is a significant relationship between age and knowledge about the care of female genital organs.

This is in accordance with the opinion expressed by (Notoadmojo, 2016). That Knowledge is the result of knowing, and theoccurs after people sense a particular object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most knowledge is obtained through the eyes and ears. While the age of menarche according to (Sulistyowati, 2015) is the menstrual process starting between the ages of 12 or 13 years, although some are faster around the age of 9 years and no later than 16 years of age. One of the risk factors for primary dysmenorrhea is first menstruation at a very early age (earlier age at menarche). The risk factors for primary dysmenorrhea have been noted, including age at first menstruation <12 years.

Based on the results of the research above, the researchers assume that age is one of the factors related to the level of knowledge, this happens because too early age can influence whether knowledge is good or not. Where most teenagers who are > 10 years old have good knowledge.

2. **Relationship between Menstrual Status and Knowledge of Care Female Genetalia Organs**

The menstrual cycle is menstruation that repeats every month which is a complex process that includes reproductive and endocrine processes that are complex and influence each other (Sherwood, 2016). From the distribution table of menstrual status with knowledge about caring for female genital organs, it shows that out of 54 respondents there were 4 (7.4%) respondents with poor knowledge of menstrual status and 27 (50.0%) respondents with good knowledge of menstrual status. Whereas 7 From the results of statistical tests showed significant results with P value = 0.173 with a significance level of α = 0.05. These results indicate that H0 is rejected, which means there is no significant relationship between menstrual status and knowledge about the care of female genital organs.

This is in accordance with the opinion expressed by (Indriani, 2015) Menstruation or menstruation is periodic in the uterus which begins about 14 days after ovulation. The average length of menstrual flow is 5 days (3 - 6 days). Every ≤ 28 days, an adult woman's body is prepared to face pregnancy. The 28 day time is the average length of the menstrual cycle. The normal variation is 21-35 days. Menstruation is bleeding vaginal discharge due to the shedding of the endometrial lining of the uterus.

The normal age for a woman to get her first period is at the age of 12 or 13 years. But there are also those who experience it earlier, namely at the age of 8 years or later, at the age of 18 years. Menstruation will stop by itself when a woman is 40-50 years old, which is known as menopause (Sukarni and Margareth, 2015). Meanwhile according to (Notoadmojo, 2016). Knowledge is the result of knowing, and this occurs after people sense a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most knowledge is obtained through the eyes and ears.

Based on the results of the research above, the researchers assumed that menstrual status was a factor that was not related to the level of knowledge, this happened because menstrual status did not affect the knowledge level of the respondents.

3. **Relationship between Age, Menstrual Status and Knowledge of Treatment of Female Genetalia Organs**

From the multivariate analysis table it can be seen that the two variables have different p-values, where the p-value for the age variable has a p-value = 0.000 with a significance level of α = 0.05. These results indicate that HA is accepted, which means there is a significant relationship between age and knowledge about the care of female genital organs. And the menstrual status variable has a p-value = 0.114 with a significance level of α= 0.05. These results indicate that H0 is rejected, which means there is no significant relationship between menstrual status and knowledge about the care of female genital organs. So from the results of the multivariate analysis, the researchers assumed that the age variable was more related to knowledge than the menstrual status variable.

4. CONCLUSION

From the statistical test results, it was obtained that the p value was 0.000 <α 0.05 so that there was a relationship between age and knowledge about the care of female genital organs. From the statistical test results obtained P value = 0.173 < α 0.05 so there is no relationship between menstrual status and knowledge about the care of female genital organs. From the statistical test results, it was obtained that the p value was 0.000 < α 0.05 so that there was a relationship between age and knowledge about the care of female genital organs. And from the statistical test results obtained P value = 0.173> α 0.05 so that there is no relationship between menstrual status and knowledge about the care of the genital organs woman.

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